

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANCHORING SYSTEMS AND METHODS FOR CORRECTING SPINAL DEFORMITIES

the specification of which was filed in the United States Patent and Trademark Office on **May 28, 2004** as Application Serial No.: **10/709,795**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by an amendment, if any, specifically referred to herein.

I acknowledge the duty to disclose all information known to me that is material to patentability in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

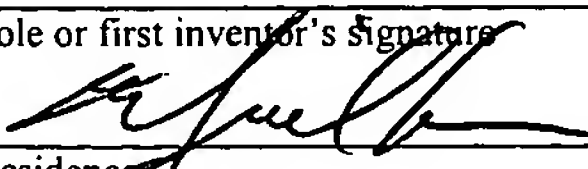
I hereby appoint all practitioners at Customer Number 021125, all of Nutter McClennen & Fish LLP, World Trade Center West, 155 Seaport Boulevard, Boston, Massachusetts 02210-2604, jointly, and each of them severally, my attorneys at law/patent agent(s), with full power of substitution, delegation and revocation, to prosecute this application, to make alterations and amendments therein, to receive the patent, and to transact all business in the U. S. Patent and Trademark Office connected therewith.

Please mail all correspondence to Lisa J. Michaud at **Customer Number 021125**, whose address is:

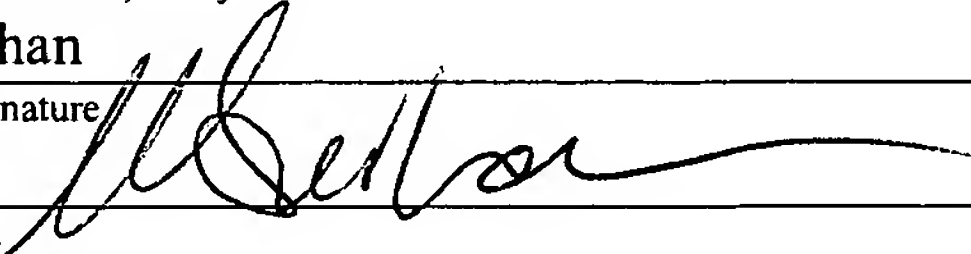
Nutter McClennen & Fish LLP
World Trade Center West
155 Seaport Boulevard
Boston, Massachusetts 02210-2604

Please direct telephone calls to: Lisa J. Michaud at (617) 439-2550.

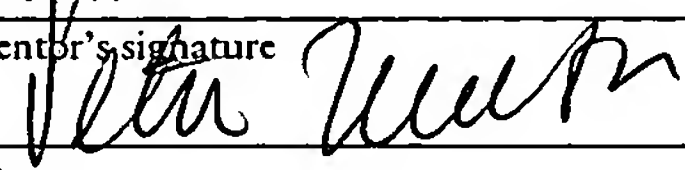
Please direct facsimiles to: Lisa J. Michaud at (617) 310-9550.

Full name of sole or first inventor Michael A. Slivka	
Sole or first inventor's signature 	Date 6-9-04
Residence Taunton, MA	
Citizenship USA	
Mailing Address 90 Lehner Drive Taunton, Massachusetts 02780	

[SIGNATURES CONTINUED ON NEXT PAGE]

Full name of second inventor, if any Hassan A. Serhan	
Second inventor's signature 	Date 06-10-04
Residence South Easton, MA	
Citizenship USA	
Mailing Address 27 Forest Edge Road South Easton, Massachusetts 02375	

[SIGNATURES CONTINUED ON NEXT PAGE]

Full name of Third inventor, if any Peter Newton	
Third inventor's signature 	Date 6/17/04
Residence San Diego, CA	
Citizenship USA	
Mailing Address 3030 Children's Way, Suite 410 San Diego, California 92123	

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